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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010		B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization JOHNSON C SMITH UNIVERSITY Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 100 BEATTIES FORD ROAD City or town, state or country, and ZIP + 4 CHARLOTTE, NC 28216		D Employer identification number 25-0983069 E Telephone number (704) 378-1000 G Gross receipts \$ 53,971,158	
		F Name and address of principal officer DR RONALD CARTER 100 BEATTIES FORD ROAD CHARLOTTE, NC 28216		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
J Website: WWW JCSU EDU							
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1867		M State of legal domicile NC			

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 2	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 2	
	5	Total number of employees (Part V, line 2a)	5 1,19	
	6	Total number of volunteers (estimate if necessary)	6 2	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	9,720,279	14,172,886
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,224,011	29,491,918
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,306,837	-1,239,782
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-44,097	-43,827
			43,207,030	42,381,195
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,458,989	4,455,303
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	19,004,730	20,521,348
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>1,345,899</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	20,143,305	18,380,204
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	43,607,024	43,356,855
	19	Revenue less expenses Subtract line 18 from line 12	-399,994	-975,660
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	99,441,154	104,808,878
	21	Total liabilities (Part X, line 26)	14,506,357	14,474,845
	22	Net assets or fund balances Subtract line 21 from line 20	84,934,797	90,334,033

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2011-05-13</div> <div>Date</div> </div>
	<div>GERALD HECTOR VP OF FINANCE</div> <div>Type or print name and title</div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>Date</div> <div>Check if self-employed <input type="checkbox"/></div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>Grant Thornton LLP</div> <div>201 S COLLEGE ST STE 2500</div> <div>CHARLOTTE, NC 28244</div> </div> </div>
	<div> <div>EIN</div> <div>Phone no (704) 632-3500</div> </div>

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 11,636,284 including grants of \$) (Revenue \$ 19,346,203)

INSTRUCTION JOHNSON C SMITH UNIVERSITY OFFERS INSTRUCTIONS IN VARIOUS LIBERAL ARTS PROGRAMS FOR THE REPORTING PERIOD THE UNIVERSITY HAD ALMOST 1,500 STUDENTS MATRICULATING IN THESE PROGRAMS JOHNSON C SMITH UNIVERSITY HAS 3 COLLEGES FROM WHICH STUDENTS CAN CHOOSE VARIOUS MAJORS COLLEGE OF ARTS AND LETTERS, COLLEGE OF PROFESSIONAL STUDIES, AND COLLEGE OF SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS

4b

(Code) (Expenses \$ 8,066,762 including grants of \$) (Revenue \$ 1,692,114)

STUDENT SERVICES JOHNSON C SMITH UNIVERSITY OFFERS A WIDE RANGE OF SERVICES TO ITS STUDENTS THESE PROGRAMS INCLUDE THE FOLLOWING SERVICES PLACEMENT AND CAREER COUNSELING, ADMISSION, REGISTRAR, FINANCIAL AID, SPORTS AND VARIOUS OTHER STUDENT ACTIVITIES

4c

(Code) (Expenses \$ 5,522,486 including grants of \$ 1,417,072) (Revenue \$ 2,007,998)

ACADEMIC SUPPORT OUR ACADEMIC SUPPORT SERVICES INCLUDES INFORMATION TECHNOLOGY, LIBRARY SERVICES, SMART CLASSROOMS, AND FACULTY TRAINING EVERY FULLTIME STUDENT AT JOHNSON C SMITH UNIVERSITY RECEIVES A LAPTOP OUR LIBRARY CONTINUES TO UPDATE ITS BOOK CATALOGS IN ADDITION, STUDENTS HAVE ACCESS TO A WIDE RANGE OF ONLINE CATALOGS JOHNSON C SMITH UNIVERSITY IS IN THE PROCESS OF TRANSFORMING ALL ITS TRADITIONAL CLASSROOMS INTO SMART CLASSROOMS BY PLACING TECHNOLOGY AT THE STUDENT'S FINGER TIP

4d

Other program services (Describe in Schedule O)


















(Expenses \$ 9,733,545 including grants of \$ 3,038,231) (Revenue \$ 6,445,603)

4e

Total program service expenses \$ 34,959,077

Part IV

Checklist of Required Schedules

		Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes					
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes					
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes					
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes					
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.							
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.							
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.							
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.							
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.							
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td>12A</td><td>No</td></tr></table>	Yes	No	12A	No			
Yes	No							
12A	No							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13	Yes					
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 	14b	Yes					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 	15		No				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III 	16		No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17		No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19		No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a142		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a1,190		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	25	
b	Enter the number of voting members that are independent . . .	1b	24	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶NC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ GERALD HECTOR 100 BEATTIES FORD ROAD CHARLOTTE, NC 28216 (704) 378-1190

1b Total	1,191,513	0	159,010
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶8

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
FDY Inc 3401-B St Vardell Lane CHARLOTTE, NC 28217	Food service	2,379,410
WFF Facility Services PO Box 958204 ST LOUIS, MO 63195	Janitonal Service	829,560
Lee Morgan Inc 2108 South Boulevard Suite 200 CHARLOTTE, NC 28203	Construction	723,224
Acacia Innovation LLC PO Box 517 FAIRFIELD, CT 06824	Marketing Consultant	304,040
Adams Services LLC PO Box 451 FORT MILLS, SC 29716	HVAC Services	190,226

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶12

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	860,632			
	b	Membership dues	1b				
	c	Fundraising events	1c	88,212			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,923,987			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,300,055			
	g	Noncash contributions included in lines 1a-1f \$ 5,000					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	INSTRUCTION	611,600	19,346,203	19,346,203		
	b	ROOM AND BOARD	721,310	6,184,698	6,184,698		
	c	ACADEMIC SUPPORT	611,710	2,007,997	2,007,997		
	d	STUDENT SERVICES	611,710	1,692,114	1,692,114		
	e	INSTITUTIONAL SUPPORT	611,710	260,906	260,906		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			29,491,918		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		955,397			955,397
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties		0			
	6a	(i) Real		(ii) Personal			
		26,332					
		26,332					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			26,332		26,332
	7a	(i) Securities		(ii) Other			
		7,862,178		189,067			
		10,246,424					
		-2,384,246		189,067			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			-2,195,179		-2,195,179
	8a	Gross income from fundraising events (not including \$ 88,212 of contributions reported on line 1c) See Part IV, line 18					
		a	88,213				
		b	163,348				
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events . . .			-75,135	-75,135	
	9a	Gross income from gaming activities See Part IV, line 19					
a							
b							
b	Less direct expenses						
c	Net income or (loss) from gaming activities . . .			0			
10a	Gross sales of inventory, less returns and allowances						
	a	1,183,517					
	b	1,180,191					
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .			3,326	3,321	5	
Miscellaneous Revenue		Business Code					
11a	VENDING AND MISCELLANEOUS		900,099	1,650			1,650
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			1,650			
12	Total revenue. See Instructions			42,381,195	29,420,104	5	-1,211,800

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	4,455,303	4,455,303		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	507,214	67,946	439,268	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	16,812,262	11,660,083	4,366,096	786,083
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	538,036	391,345	120,185	26,506
9	Other employee benefits	1,310,321	916,892	348,527	44,902
10	Payroll taxes	1,353,515	920,753	370,399	62,363
11	Fees for services (non-employees)				
a	Management	546,824	110,186	436,338	300
b	Legal	68,876	320	68,556	
c	Accounting	162,733	20,000	142,733	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	14,766		14,766	
g	Other	2,672,595	1,852,386	817,843	2,366
12	Advertising and promotion	295,625	153,838	70,634	71,153
13	Office expenses	5,783,629	2,450,490	3,151,040	182,099
14	Information technology	555,567	78,826	426,615	50,126
15	Royalties	0			
16	Occupancy	2,410,816	111,969	2,298,041	806
17	Travel	1,120,113	918,408	183,172	18,533
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	871,249	576,859	264,250	30,140
20	Interest	482,755	427,956	49,930	4,869
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,079,907	2,738,768	310,828	30,311
23	Insurance	14,210	2,616	11,594	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	SUBSCRIPTION AND MEMBERSHIP	300,539	195,611	99,956	4,972
b	INFORMATION TECHNOLOGY ALLOCAT		2,196,430	-2,223,787	27,357
c	PLANT & MAINTENANCE ALLOCATION		4,712,092	-4,715,105	3,013
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	43,356,855	34,959,077	7,051,879	1,345,899
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			2,344	1	4,227
	2	Savings and temporary cash investments			16,231,335	2	18,959,335
	3	Pledges and grants receivable, net			3,324,404	3	2,130,665
	4	Accounts receivable, net			670,099	4	625,933
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			1,095,796	7	1,078,724
	8	Inventories for sale or use			248,632	8	265,521
	9	Prepaid expenses and deferred charges			179,215	9	230,293
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	93,469,406			
	b	Less accumulated depreciation	10b	54,389,487	39,202,637	10c	39,079,919
	11	Investments—publicly traded securities			34,196,928	11	37,838,381
	12	Investments—other securities. See Part IV, line 11			2,631,928	12	3,103,366
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,657,836	15	1,492,514
	16	Total assets. Add lines 1 through 15 (must equal line 34)			99,441,154	16	104,808,878
Liabilities	17	Accounts payable and accrued expenses			3,168,469	17	3,602,446
	18	Grants payable			329,132	18	329,132
	19	Deferred revenue			174,606	19	131,792
	20	Tax-exempt bond liabilities			6,620,000	20	6,055,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,819,389	23	2,706,979
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			1,394,761	25	1,649,496
	26	Total liabilities. Add lines 17 through 25			14,506,357	26	14,474,845
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			44,037,639	27	45,735,506
	28	Temporarily restricted net assets			10,126,636	28	13,581,803
	29	Permanently restricted net assets			30,770,522	29	31,016,724
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			84,934,797	33	90,334,033
	34	Total liabilities and net assets/fund balances			99,441,154	34	104,808,878

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
JOHNSON C SMITH UNIVERSITY

Employer identification number
25-0983069

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)						12
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 25-0983069

Name: JOHNSON C SMITH UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gerald Y Agbegha Trustee / Associate Professor	400	X						52,955	0	15,577
Thomas E Baldwin Trustee	10	X						0	0	0
Thomas Barnhardt Trustee	10	X						0	0	0
Steven L Boyd Trustee	10	X						0	0	0
Melva Wilson Costen Trustee	10	X						0	0	0
Porter Durham Trustee	10	X						0	0	0
Parran L Foster III Board Chair	10	X		X				0	0	0
James Gaither Trustee	10	X						0	0	0
Cameron M Harris Trustee	10	X						0	0	0
Frank Harrison III Trustee	10	X						0	0	0
Erica Hilton Trustee	10	X						0	0	0
Shirley Hughes Trustee	10	X						0	0	0
Argie Knox Johnson Board Secretary	10	X		X				0	0	0
Terrence Linnert Trustee	10	X						0	0	0
Mary T Mack Trustee	10	X						0	0	0
Willie Martin Trustee	10	X						0	0	0
Monroe Miller Board Vice Chairperson	10	X		X				0	0	0
Cornell L Moore Trustee	10	X						0	0	0
Tim Newman Trustee	10	X						0	0	0
Gregory W Norwood Trustee	10	X						0	0	0
Richard J Osborne Trustee	10	X						0	0	0
Obie Patterson Trustee	10	X						0	0	0
John B Stedman Jr Trustee	10	X						0	0	0
McKinley Washington Trustee	10	X						0	0	0
James Woodward Trustee	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ronald Lee Carter President	40 0			X				214,982	0	31,861
Gerald L Hector Vice President - Finance	40 0			X				179,396	0	42,622
David Eubanks Dean - Academic Support	40 0					X		108,961	0	10,763
Olivia Diane Bowles Assistant Vice President	40 0					X		124,569	0	14,458
Stephen Joyner Athletic Director	40 0					X		130,101	0	18,997
Magdy Attia Dean - STEM	40 0					X		114,225	0	17,337
Patrica Ann Roberson-Saunders Instructor	40 0					X		116,324	0	7,395
Dorothy Crowser Yancy Former President	0 0						X	150,000	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
INSTRUCTION	611,600	19,346,203	19,346,203		
ROOM AND BOARD	721,310	6,184,698	6,184,698		
ACADEMIC SUPPORT	611,710	2,007,997	2,007,997		
STUDENT SERVICES	611,710	1,692,114	1,692,114		
INSTITUTIONAL SUPPORT	611,710	260,906	260,906		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
JOHNSON C SMITH UNIVERSITY

Employer identification number
25-0983069

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)	Revenues included in Form 990, Part VIII, line 1	▶ \$ 5,000
(ii)	Assets included in Form 990, Part X	▶ \$ 317,400

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☒

Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	37,154,397	47,436,277			
b Contributions	1,497,892	876,530			
c Investment earnings or losses	4,964,393	-9,074,053			
d Grants or scholarships	233,685	615,141			
e Other expenditures for facilities and programs	169,350	1,394,621			
f Administrative expenses	23,884	74,595			
g End of year balance	43,189,763	37,154,397			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 4.430 %

b

Permanent endowment ▶ 63.230 %

c

Term endowment ▶ 32.340 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		769,257		769,257
b Buildings		44,832,240	27,631,141	17,201,099
c Leasehold improvements		21,049,904	5,521,385	15,528,519
d Equipment		20,337,399	16,780,639	3,556,760
e Other		6,480,606	4,456,322	2,024,284
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				39,079,919

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	42,381,195
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	43,356,855
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-975,660
4	Net unrealized gains (losses) on investments	4	6,374,896
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	6,374,896
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,399,236

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	46,973,186
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	6,374,896
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	6,374,896
3	Subtract line 2e from line 1	3	40,598,290
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,782,905
c	Add lines 4a and 4b	4c	1,782,905
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	42,381,195

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	41,573,950
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	1,255,326
e	Add lines 2a through 2d	2e	1,255,326
3	Subtract line 2e from line 1	3	40,318,624
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	3,038,231
c	Add lines 4a and 4b	4c	3,038,231
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	43,356,855

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
COLLECTIONS OF ART	SCHEDULE D, PART III, LINE 4	THE UNIVERSITY HAS ACQUIRED SEVERAL PIECES OF ART OVER THE YEARS THROUGH DONATIONS FROM VARIOUS ALUMNI AND OTHER DONORS. MANY OF THESE ITEMS ARE HUNG IN THE JAMES B. DUKE LIBRARY FOR STUDENTS ATTENDING THE SCHOOL TO ENJOY AS PART OF THEIR EDUCATIONAL EXPERIENCE.
INTENDED USE OF THE UNIVERSITY'S ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE INTENDED USES OF THE UNIVERSITY'S ENDOWMENT FUNDS ARE TO FUND SCHOLARSHIPS, PROFESSORSHIPS, PROFESSIONAL DEVELOPMENT AND MAINTENANCE.
FIN48	SCHEDULE D, PART X LINE 2	THE ORGANIZATION ADOPTED FIN48 (NOW KNOWN AS ASC740) IN AN EARLIER YEAR, HOWEVER AS THE ORGANIZATION DID NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT REQUIRED DISCLOSURE, NO FOOTNOTE IS INCLUDED IN THE CURRENT YEAR FINANCIAL STATEMENTS.
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII LINE 4B	SPECIAL EVENTS EXPENSES \$-163,348 COST OF GOODS SOLD \$-1,180,191 STUDENT ASSISTANCE / TUITION DISCOUNT \$3,038,231 FUNDRAISING EVENT REVENUE \$88,213 TOTAL \$1,782,905
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2D	SPECIAL EVENTS EXPENSES \$163,348 COST OF GOODS SOLD \$1,180,191 FUNDRAISING EVENT REVENUE \$-88,213 TOTAL \$1,255,326
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 4B	STUDENT ASSISTANCE / TUITION DISCOUNT \$3,038,231

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization JOHNSON C SMITH UNIVERSITY	Employer identification number 25-0983069
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	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain Johnson C Smith University has published its non-discriminatory racial policy in its student and employee hankbooks and in all admissions materials Johnson C Smith University also conducts racially non-discriminatory training on campus for both students and employees	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)	Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
6b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	Yes	

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization
JOHNSON C SMITH UNIVERSITY

Employer identification number
25-0983069

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GALA</u> (event type)	 (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	176,425		176,425
	2	Less Charitable contributions	88,212		88,212
	3	Gross income (line 1 minus line 2)	88,213		88,213
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	14,492		14,492
	7	Food and beverages	37,664		37,664
	8	Entertainment			
	9	Other direct expenses	111,192		111,192
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3, column d, and line 10. ▶			
					-75,135

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
JOHNSON C SMITH UNIVERSITY

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
25-0983069

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
JOHNSON C SMITH UNIVERSITY

Employer identification number
25-0983069

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Dorothy Crowser Yancy	(i)	110,000	0	40,000	0	0	150,000	40,000
	(ii)	0	0	0	0	0	0	0
Ronald Lee Carter	(i)	182,024	24,000	8,958	9,729	22,132	246,843	0
	(ii)	0	0	0	0	0	0	0
Gerald L Hector	(i)	164,396	15,000	0	8,764	33,858	222,018	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION	PART 1, LINE 1A	THE PRESIDENT OF THE UNIVERSITY HAS IN HIS CONTRACT SEVERAL ITEMS THAT PERTAIN TO HIS JOB FUNCTION AT THE UNIVERSITY. HE RESIDES IN UNIVERSITY OWNED PROPERTY OFF CAMPUS, AS IS TYPICAL FOR HIS POSITION AS UNIVERSITY PRESIDENT. THE FAIR MARKET VALUE OF PERSONAL USE OF THE PROPERTY IS CALCULATED AND FULLY TAXED TO HIM AS PART OF HIS COMPENSATION IN HIS W-2. THE UNIVERSITY ALSO PAYS A CLUB MEMBERSHIP FEE FOR THE PRESIDENT TO CONDUCT BUSINESS. THIS MEMBERSHIP IS USED ONLY FOR BUSINESS ACTIVITIES AND NOT FOR ANY PERSONAL BENEFIT TO HIM.
ADDITIONAL COMPENSATION INFORMATION	PART 1, LINES 4A AND 4B	DR. DOROTHY COWSER YANCY RECEIVED SEVERANCE PAYMENTS OF \$110,000 AND RETIREMENT PLAN PAYMENTS OF \$40,000.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JOHNSON C SMITH UNIVERSITY

Employer identification number
25-0983069

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WILLIAM FARTHING JR	FORMER BOARD MEMBER	177,487	LEGAL SERVICES TO UNIVERSITY		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
JOHNSON C SMITH UNIVERSITY

Employer identification number
25-0983069

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	1	5,000	OPINION OF EXPERTS
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				Yes
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 25-0983069

Name: JOHNSON C SMITH UNIVERSITY

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493133046171
SCHEDULE O (Form 990)	Supplemental Information to Form 990		OMB No 1545-0047
			2009
	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		Open to Public Inspection
Name of the organization JOHNSON C SMITH UNIVERSITY			Employer identification number 25-0983069

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 PART I, LINE I AND PART III, LINE I	THE MISSION OF JOHNSON C SMITH UNIVERSITY IS TO PROVIDE AN OUTSTANDING EDUCATION FOR A DIVERSE GROUP OF TALENTED AND HIGHLY MOTIVATED STUDENTS FROM VARIOUS ETHNIC, SOCIOECONOMIC, AND GEOGRAPHICAL BACKGROUNDS THE UNIVERSITY OFFERS A LIBERAL EDUCATION IN CONJUNCTION WITH CONCENTRATED STUDY IN SPECIALIZED FIELDS, IN PREPARATION FOR ADVANCED STUDY AND SPECIFIC CAREERS THE UNIVERSITY ENDEAVORS TO PRODUCE GRADUATES WHO ARE ABLE TO COMMUNICATE EFFECTIVELY, THINK CRITICALLY, LEARN INDEPENDENTLY AS WELL AS COLLABORATIVELY, AND DEMONSTRATE COMPETENCE IN THEIR CHOSEN FIELDS FURTHER, IT PROVIDES AN ENVIRONMENT IN WHICH STUDENTS CAN FULFILL THEIR PHYSICAL, SOCIAL, CULTURAL, SPIRITUAL, AND OTHER PERSONAL NEEDS THROUGH WHICH THEY CAN DEVELOP A COMPELLING SENSE OF SOCIAL AND CIVIC RESPONSIBILITY FOR LEADERSHIP AND SERVICE IN A DYNAMIC, MULTICULTURAL SOCIETY LIKEWISE, THE UNIVERSITY EMBRACES ITS RESPONSIBILITY TO PROVIDE LEADERSHIP, SERVICE, AND LIFELONG LEARNING TO THE LARGER COMMUNITY REGARDING TEACHING EFFECTIVENESS AS PARAMOUNT IN ITS EDUCATIONAL ENTERPRISE, THE UNIVERSITY HAS A COMMITMENT TO THE RECRUITMENT AND RETENTION OF AN OUTSTANDING FACULTY TO THIS END, THE UNIVERSITY PROMOTES FACULTY DEVELOPMENT, ENCOURAGES FACULTY INVOLVEMENT IN RESEARCH AND OTHER CREATIVE ACTIVITIES, AND ENDORSES THE PRINCIPLES OF ACADEMIC FREEDOM TO ENSURE THE INTEGRITY AND STABILITY OF ITS STATUS AND THE PERPETUATION OF ITS RICH LEGACY, JOHNSON C SMITH UNIVERSITY HAS A FIRM RESOLVE TO MAINTAIN THE FISCAL AND HUMAN RESOURCES REQUISITE TO BE A TRULY DISTINCTIVE INSTITUTION-A HALLMARK OF EXCELLENCE IN ITS STUDENTS, FACULTY, STAFF, ADMINISTRATORS, ACADEMIC AND OTHER PROGRAMS, FACILITIES, OPERATIONS, AND ENVIRONMENT

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	PART III, LINE 4D	JOHNSON C SMITH UNIVERSITY OTHER PROGRAMS INCLUDE THE FOLLOWING SCHOLARSHIPS WHICH GIVES \$4,458,989 IN ASSISTANCE TO STUDENTS THESE SCHOLARSHIPS ENABLE STUDENTS OF ALL ECONOMIC BACKGROUND TO ACHIEVE THEIR GOAL OF A POST SECONDARY EDUCATION PUBLIC SERVICE - IS AN EFFORT TO PROMOTE COMMUNITY INVOLVEMENT BY THE UNIVERSITY TO SERVE THE COMMUNITY AND STUDENTS ROOM AND BOARD PROGRAMS - THE UNIVERSITY PROVIDES ON-CAMPUS HOUSING FOR ABOUT 70% OF ALL ITS STUDENTS WE ALSO PROVIDE MEALS FOR BOTH ON-CAMPUS AND OFF-CAMPUS STUDENTS

Identifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	PART VI, SECTION A, LINE 11A	THE UNIVERSITY'S PROCESS REGARDING REVIEW OF THE FORM 990 IS AS FOLLOWS THE DRAFT IRS FORM 990 IS REVIEWED IN DETAIL BY THE VP OF BUSINESS AND FINANCE AND FINANCE DEPARTMENT STAFF WHO HAVE DISCUSSED THE FORM AND QUESTIONS WITH GRANT THORNTON (THIRD PARTY PREPARER OF THE FORM) THE 990 IS NEXT FORWARDED TO ALL MEMBERS OF THE BUDGET STEERING COMMITTEE (A SUB-COMMITTEE OF THE BOARD OF TRUSTEES) THE COMMITTEE REVIEWS THE ENTIRE FORM 990 ALONG WITH A MEMO FROM THE VICE PRESIDENT OF BUSINESS AND FINANCE HIGHLIGHTING ALL SIGNIFICANT AREAS THE COMMITTEE MEMBERS CONDUCT THEIR OWN REVIEW, AND THEN THEY WILL COMMUNICATE WITH THE VICE PRESIDENT REGARDING THEIR APPROVAL, OR ANY CLARIFYING QUESTIONS THE DRAFT FORM IS UPDATED TO REFLECT ANY CHANGES BEFORE FILING THE FULL BOARD OF TRUSTEES HAS DETERMINED THAT THE BUDGET STEERING COMMITTEE IS MOST QUALIFIED TO TAKE RESPONSIBILITY FOR REVIEW OF THE FORM 990 THE FORM 990 WILL BE PROVIDED TO THE FULL BOARD BEFORE IT IS FILED

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	PART VI, SECTION B, LINE 12C	RELATIONSHIPS OF BOARD MEMBERS ARE BROUGHT UP DURING THE MEETINGS OF THE BOARD OF TRUSTEES IN EXECUTIVE SESSIONS THE BOARD IS REMINDED OF THE CONFLICT OF INTEREST POLICY AND ITS IMPLICATIONS BY THE SECRETARY OF THE BOARD PRIOR TO EACH MEETING BOARD MEMBERS WITH CONFLICTS RECUSE THEMSELVES FROM PARTICIPATING IN DISCUSSIONS AND VOTING

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING OFFICER COMPENSATION	PART VI, SECTION B, LINE 15a AND 15b	THE PRESIDENTIAL REVIEW COMMITTEE (A SUB-COMMITTEE OF THE BOARD OF TRUSTEES) MEETS WITH THE PRESIDENT IN THE FALL OF EACH YEAR TO MUTUALLY AGREE ON A SET OF SEVERAL KEY OBJECTIVES FOR THE YEAR THAT ARE DEEMED CRITICAL TO MOVING THE UNIVERSITY FORWARD TOWARD ACHIEVING ITS LONG-TERM STRATEGIC GOALS AT THE END OF THE FISCAL YEAR THE PRESIDENTIAL REVIEW COMMITTEE MEETS WITH THE PRESIDENT TO DISCUSS HOW HE PERFORMED AGAINST THE ESTABLISHED OBJECTIVES THIS PERFORMANCE REVIEW IS THE BASIS FOR THE DETERMINATION OF ANY COMPENSATION ADJUSTMENTS THE COMMITTEE USES BENCHMARKING DATA FOR COMPARABLE POSITIONS OF UNIVERSITY PRESIDENTS AND REVIEWS THE PRESIDENT'S ENTIRE COMPENSATION PACKAGE AGAINST THIS DATA TO ENSURE THE COMPENSATION PACKAGE IS AT FAIR MARKET VALUE COMPENSATION OF OTHER OFFICERS OF THE UNIVERSITY ARE DETERMINED BY THE UNIVERSITY PRESIDENT BASED ON MARKET RATE THE UNIVERSITY IS CURRENTLY IN THE PROCESS OF AN INDEPENDENT REVIEW OF ALL COMPENSATION TO ENSURE ALL OFFICERS AND KEY EMPLOYEES ARE FAIRLY AND APPROPRIATELY COMPENSATED FOR THEIR POSITION

Identifier	Return Reference	Explanation
DISCLOSURE	PART VI, SCHEDULE C, LINE 19	THE UNIVERSITY DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC